

GUARDIAN AUTHORIZATION

Please use this form to designate an adult guardian for an account owner who is younger than 18 years old. The guardian acts on behalf of the account owner until he or she turns 18.

Current Account Information

Account Number _____

Account Owner / Student _____
Name SSN or TIN

Guardian Information

Name (First, Middle, Last, Suffix) _____

SSN or TIN **(Required)** _____

Birth Date _____

Street Address/Apartment Number _____

Post Office Box Number _____

City / State / Zip Code _____

Email Address _____

Telephone Number(s) _____
Home Work Other (Please specify type)

Guardian's Signature – Required

I certify under penalty of perjury that I am the legal guardian for the minor account owner above and that all the information above is true and correct. As the legal guardian of this account, I accept and agree to protect and uphold all of the minor's rights and responsibilities until he or she attains the age of 18 years old. I agree to all terms and conditions of the GET Master Agreement.

Guardian's Signature _____ Date _____

Send to: Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or 360-704-6200 (Fax)

Questions: GETInfo@hecb.wa.gov or 1-800-955-2318